

**Title IIID Disease Prevention Health Promotion #93.043**

NC Division of Aging and Adult Services Compliance Supplement Criteria Review

Region \_\_\_\_\_ AAA or Service Provider \_\_\_\_\_

Date \_\_\_\_\_ Reviewer Signature \_\_\_\_\_

Compliance Supplement Criteria Requirement	Determine Compliance in the Following Areas	(✓) Compliance Supplement Criteria		
<b>a. Activities Allowed or Unallowed:</b> <i>Specific activities identified in the grant agreement, state and federal regulations.</i>	<ul style="list-style-type: none"> <li>Monitoring Tool for entities receiving Title IIID Question I</li> <li>Monitoring Tool for entities receiving Title IIID Question IIIa</li> <li>Monitoring Tool for entities receiving Title IIID Question IIIb</li> <li>Monitoring Tool for entities receiving Title IIID Question IIIc</li> <li>Monitoring Tool for entities receiving Title IIID Question IIId</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>b. Allowable Cost/Cost Principles:</b> <i>Ensure that costs paid are reasonable and necessary for operation and administration of the program.</i>	<ul style="list-style-type: none"> <li>Review documentation that supports all requests for reimbursement and determine if costs are reasonable and appropriate for Health Promotion Disease Prevention activities/services.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>c. Cash Management:</b> <i>*only applies when an advance in excess of 60 days is provided to a DOA subrecipient.</i>	N/A			
<b>d. Davis-Bacon Act:</b> <i>Not applicable to DHHS.</i>	N/A			
<b>e. Eligibility:</b> <i>Assure that only eligible individuals receive services and assistance under this program.</i>	<ul style="list-style-type: none"> <li>Determine that services benefit person 60 years of age and older.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>f. Equipment and Real Property Management:</b> <i>Equipment defined as tangible property with a useful life more than one year and a cost of \$5,000 or more may only be purchased if specifically approved in the contract or grant agreement.</i>	N/A			
<b>g. Matching, Level of Effort, Earmarking:</b> <i>Matching (10%) is required. Level of Effort and Earmarking are not required.</i>	<ul style="list-style-type: none"> <li>Review ZGA 370-7 to verify reimbursement and 10% required match through the Aging Resource Management System.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Compliance Supplement Criteria Requirement	Determine Compliance in the Following Areas	(✓) Compliance Supplement Criteria		
<b>h. Period of Availability of Federal Funds:</b> <i>The time period authorized for federal and state funds to be expended (July – June).</i>	<ul style="list-style-type: none"> <li>Verify signature of the contract stating period of availability.</li> <li>If applicable, determine if carry-forward funding have been approved by DAAS.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>i. Procurement, and Suspension and Debarment:</b> <i>Assure that a subrecipient follows policies and procedures for procurement and has not been suspended or debarred by the federal government from receiving funding.</i>	<ul style="list-style-type: none"> <li>Verify that contract for services is signed and references 45 CFR 92.36(b)(11) that states the subrecipient has procedures for settling all contractual and administrative issues arising out of procurement of services.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>j. Program Income:</b> <i>Assure that program income is used to expand services.</i>	<ul style="list-style-type: none"> <li>Monitoring Tool for entities receiving Title IIID Question IV.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>k. Real Property Acquisition and Relocation Assistance:</b> <i>Does not apply to DHHS.</i>	N/A			
<b>l. Reporting:</b> <i>Assurance that funds are being managed efficiently and effectively to accomplish the program objectives. Reporting requirements are contained in the laws, regulations, and contract or grant agreement.</i>	<ul style="list-style-type: none"> <li>Verify that the contracting agency has submitted the Title IIID Quarterly and/or Annual Reports indicating the type and number of programs offered and the population served to the Area Agency on Aging.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>m. Subrecipient Monitoring:</b> <i>Subrecipient monitoring is applicable if part of the service delivery is subcontracted with another agency.</i>	<ul style="list-style-type: none"> <li>If part or the entire service delivery component was subcontracted with another agency, did programmatic monitoring occur?</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>n. Special Tests and Provisions:</b> <i>See annual compliance supplement for special tests and provisions.</i>	<ul style="list-style-type: none"> <li>If service is provided by an AAA, determine if direct service waiver has been granted from DAAS.</li> <li>Monitoring Tool for entities receiving Title III D Question IIIC.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Conflict of Interest:</b> <i>For non-profit subrecipients only, a notarized copy of the subrecipient's policy addressing conflicts of interest must be seen.</i>	<ul style="list-style-type: none"> <li>Subrecipient has a notarized copy of their conflict of interest policy on file.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Comment on each compliance criteria that is not met: \_\_\_\_\_